

Letter from . . . Kuwait

World in the sand

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This must be the largest beach on earth, and all pure sand, but the small townships such as Ahmadi are filled with trees and the houses sport some magnificent gardens. This district is nothing like as dull as it is painted. In winter it is carpeted with plants and flowers, tiny and very beautiful, and the sight of a dozen keen gardeners posed, bottoms in air, peering closely at the ground is no strange sight in January and February. If a plant has taken the trouble to grow it is worthy of close attention, and I have seen keen golfers leave their balls and tees to examine a suddenly spied figwort. In the summer, this desert vegetation dies and only sand is left—a trip to the desert offers sand, soft wind, near silence, peace, and a few lizards. Men fall in love with the desert as they do with the sea, and for the same reasons. Both allow only slight visual sensation, a little sound, a little touch, a little smell, and an unassailed mind.

Good place to live

We live in Ahmadi, an oil company town (village, really) south of Kuwait city. It is close to the sea for sailing, and has a creditable golf course, squash courts, gardens, tennis courts, hockey, and football pitches. The golf course, like all Middle Eastern ones, has oiled sand fairways and raked sand greens. The rough is desert with desert scrub. If you miss the fairway, and who doesn't, you will be playing from sand, an oleander bush, or a lizard hole.

Just a few minutes drive and you are on the beach swimming or preparing to sail. The yacht club is flourishing, for sailing in the Gulf is delightful. The supertankers are an unusual hazard—being forced to sail round them adds over a mile to the course. The refinery by the sea, its gas flares, pylons, gas and oil tanks, feeding tankers and distillation columns, is a sinister sight—I imagine Mordor to look like that, especially when the sulphurous yellow flares are lit. Like much of the Gulf, Kuwait has candle-like gas flares blazing at many oil well gathering centres and they light the sky at night.

Kuwait city is noisy, bustling, and enormously confusing, with one of the worst traffic problems I have seen anywhere. Unfortunately, much of the old city is being destroyed by new development, but some of the old souks still exist and to wander round them is an education. The vegetable souk is fun, the carpet souk a favourite of mine (but hard on the pocket), the fish souk smelly, and the gold souk unbelievable—so much gold is overwhelming (one imagines Aladdin's cave as being more discreet)—like Woolworth's gone mad, and yet it's all real.

Living in a hot climate

The weather is hot, very hot. Winter is pleasant with two months when temperatures can reach or even fall below 4.4°C. Summer begins in March and by early May most days are over 38°C in shade and about 26.7°C at night. By July day temperatures may reach 55-60°C (in the shade, but there is little of that). Sun temperatures are much hotter. Everything gets too hot to touch—bare feet are burnt by the sand, car steering wheels must be handled with gloves. In summer, night temperatures rarely fall below 38°C. Day temperatures below 38°C arrive about mid-September and by December these are down to 16°C. There are from eight to 12 days of rain a year but this is very variable. Rain is rare, yet it may pour torrentially for a few hours causing violent streams (wadis in the desert). Then everywhere is flooded because there are no drains—not much point with so little to do, and they get filled with sand anyway. We just have to live with a few days of floods—the roads may be six to 12 inches deep in running water.

Sandstorms in the summer are the worst aspect of the weather and can keep you virtually housebound for days. I know of no sealing mechanism or material which can successfully keep out sand and dust suspended in air—it gets everywhere.

Living conditions in Ahmadi are excellent: pleasant air-conditioned houses with gardens and quiet streets. The children seem to enjoy life and the atmosphere is village-like, with much entertaining and visiting. Culture is mainly home grown and from books and records. People from all walks of life live near one another, so the parties are truly mixed—very few “medical” parties here, thank goodness. It is more usual to meet drillers, engineers, computer technologists, accountants, and marine pilots.

According to my colleagues, living conditions in Kuwait itself are not so good. They tend to live in flats in a much noisier, overcrowded, and less wooded and gardenized town. Also, they rarely live as close to their work as I do in Ahmadi, so they spend more time travelling. In Ahmadi we may pop in and out of the hospital six or eight times a day, but we all live so near that it is no problem.

Plenty of scope

My oil company's working hours are from 7 to 4 from Saturday to Wednesday, but doctors' hours are more flexible. The work has to be done whenever it needs to be done and few rules govern how we arrange our schedules. Doctors are considered to be responsible people who will fulfil an obligation. No one would dream of complaining when I arrive at 8 am or if I leave at 3 pm. They know I will often be back at 8 pm or 10 and sometimes later.

The nature of the clinical work is a definite advantage of this place. Scope for medicine is wide, and the work so absorbing that I find job satisfaction takes on a new meaning. My current inpatients include those with: post-traumatic acute renal failure; post-streptococcal chronic renal failure; pericarditis; two

rheumatic fevers; two mitral stenotics in failure (with mitral incompetence); one mitral stenotic just cardioverted from atrial fibrillation; one mitral stenotic post-valvotomy; one aortic incompetence with pneumonia; numerous coronaries; two pneumococcal meningitis; two meningococcal meningitis; typhoid; systemic lupus erythematosus; sarcoid; scleroderma; two rheumatoids; bleeding duodenal ulcer; postoesophageal transection; cirrhotic with ascites; idiopathic thrombocytopenic purpura; hepatoma; carcinoma of the stomach; myxoedema; hydatid cyst in lung; numerous asthmatics; numerous bronchiectatics; numerous diabetics for control; one polyneuritis; subarachnoid haemorrhage; hirsutes for investigation; and others I cannot remember—I have over 60 patients under

my care at present looked after by me and three registrars.

The work load in Kuwait city would be similar but more use is made there of specialist departments. Our biggest problems are getting drugs registered in Kuwait so that we may obtain them. It can be a source of inconvenience but, frankly, I don't find it any more frustrating than the NHS. Maintaining equipment is really a major problem, because good technical people are scarce—everyone seems to be a boss or a labourer, a familiar problem.

Finally, I must mention that women can work, drive, and wander freely in Kuwait—it is one of the least restrictive areas of the Middle East, although the freedom of the West is still a little distant.

How to do it

Use a library

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"A library is thought in cold storage"

Lord Samuel

Most doctors use a library, either regularly or occasionally. Many, like myself, probably do so without encountering any particular problems but without realising the full range of services available in large libraries.

Britain is fortunate in being well endowed with excellent and comprehensive medical libraries. Although London has more libraries than anywhere else, first-class facilities are available throughout Britain—for example, in universities with medical schools, royal colleges, research institutions, and postgraduate teaching centres. Doctors who live some distance from a major library may use the excellent BMA library, which runs a postal service for both books and periodicals.

Departmental and main libraries

Most hospital units maintain small departmental libraries which stock books and periodicals of particular interest to each department. These libraries are expensive because they buy many of the same journals and books already available in a main library or neighbouring departments, but they are nevertheless indispensable for keeping up to date with one's own subject. Most doctors can find some free time during working hours for a browse through current issues. Departmental libraries usually subscribe to journals of general medical interest such as the *BMJ*, *Lancet*, and *Nature*. Some 20 years ago Sir James Howie recommended the editorials of these three journals to me as a sure way of keeping up with the major developments in medicine

—excellent advice, even if I have not always followed it as diligently as I should have done. Many departmental libraries take *Current Contents*—a weekly publication that lists photocopies of the contents pages of a large number of biomedical journals. My worst mistake as a departmental librarian was to allow myself to be persuaded to cancel this subscription on financial grounds—a good example of false economy. Half-an-hour each week with *Current Contents* and a pile of reprint request cards is a rewarding exercise. The numerous abstract journals that are available in various specialties also have a useful part to play, but tend to be rather slow in fast-developing fields.

No departmental library can be comprehensive and most doctors will need to use a large library as well, such as a university library. These main (as distinct from departmental) libraries hold many periodicals and books; moreover, any book or journal not available locally can normally be obtained from the British Library Lending Division at Boston Spa in Yorkshire. Nowadays, articles from periodicals held in Boston Spa are supplied as photocopies within a few days of request.

Catalogues and searches

It may seem obvious, but is worth emphasising, that readers can save themselves a great deal of time by learning the system of catalogues in their local main library. An hour studying the methods used and the layout of the library will be well spent, and will certainly save considerable time and frustration in the future. Library staff are always happy to help and their help in drawing attention to the available resources of the library is invaluable. It is also a good idea to become familiar with the various bibliographies that relate to publications available on one's own subject. A useful bibliography which is not so well known as its stable-mate, *Index Medicus*, is the *National Library of Medicine Current Catalog*, which lists textbooks, monographs, and conference proceedings rather than articles in periodicals.

Most medical readers will be familiar with *Index Medicus*. This comprehensive and invaluable publication appears monthly and lists articles in periodicals under the headings of subject and author, with a list of medical review articles at the

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